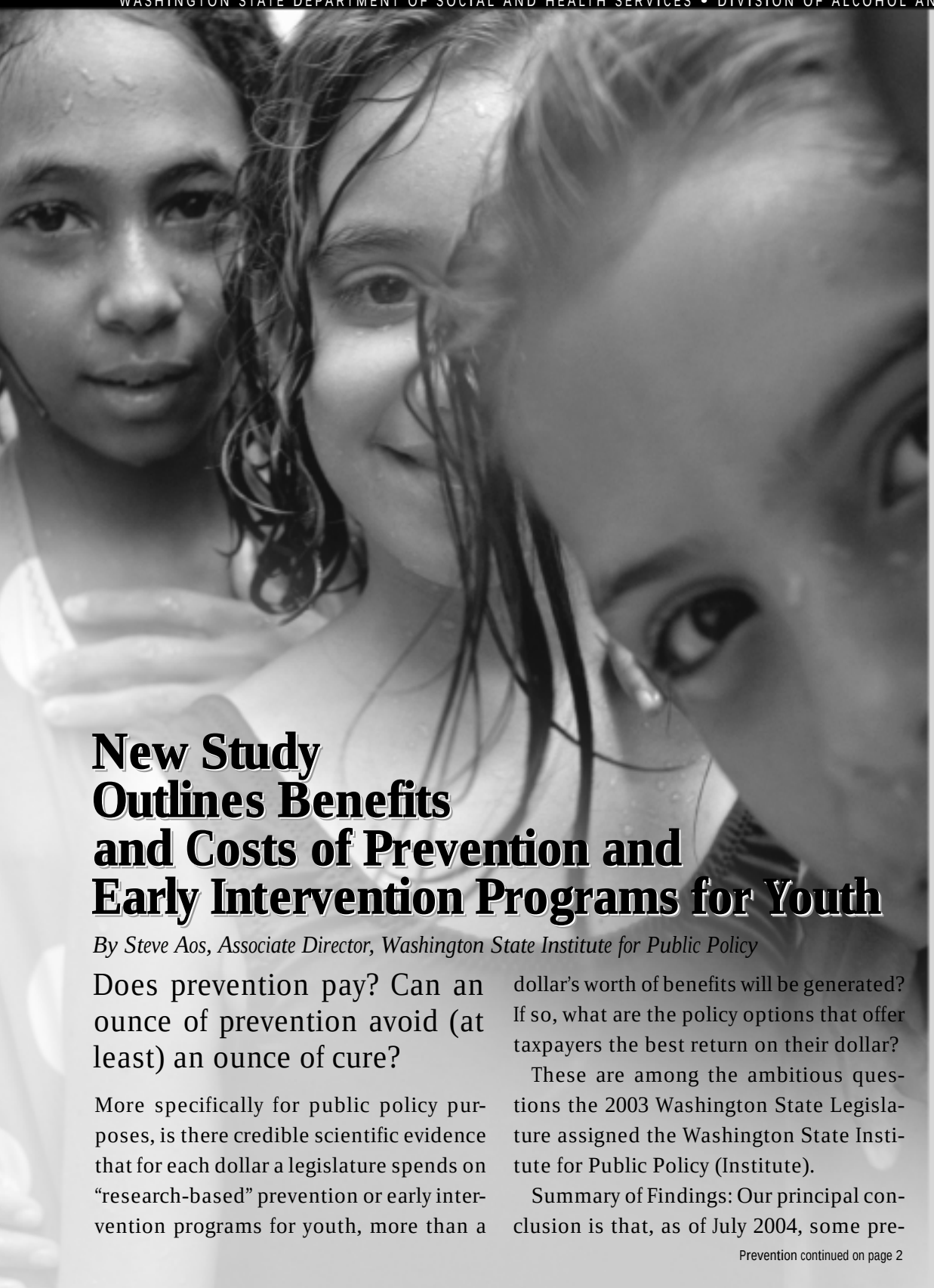
WASHINGTON
FOCUS
News and Information to Promote a Drug Free Washington

Summer 2004
Volume 14, Number 2

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES • DIVISION OF ALCOHOL AND SUBSTANCE ABUSE



New Study Outlines Benefits and Costs of Prevention and Early Intervention Programs for Youth

By Steve Aos, Associate Director, Washington State Institute for Public Policy

Does prevention pay? Can an ounce of prevention avoid (at least) an ounce of cure?

More specifically for public policy purposes, is there credible scientific evidence that for each dollar a legislature spends on "research-based" prevention or early intervention programs for youth, more than a dollar's worth of benefits will be generated? If so, what are the policy options that offer taxpayers the best return on their dollar?

These are among the ambitious questions the 2003 Washington State Legislature assigned the Washington State Institute for Public Policy (Institute).

Summary of Findings: Our principal conclusion is that, as of July 2004, some pre-

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Prevention continued

vention and early intervention programs for youth can give taxpayers a good return on their dollar. That is, there is credible evidence that certain well-implemented programs can achieve significantly more benefits than costs. Taxpayers will be better off if investments are made in these successful research-based programs.

This good news, however, must be tempered in three important ways. First, we found evidence that some prevention and early intervention programs fail to generate more benefits than costs. Our research indicates that money spent on these unsuccessful research-based programs is an inefficient use of taxpayer money.

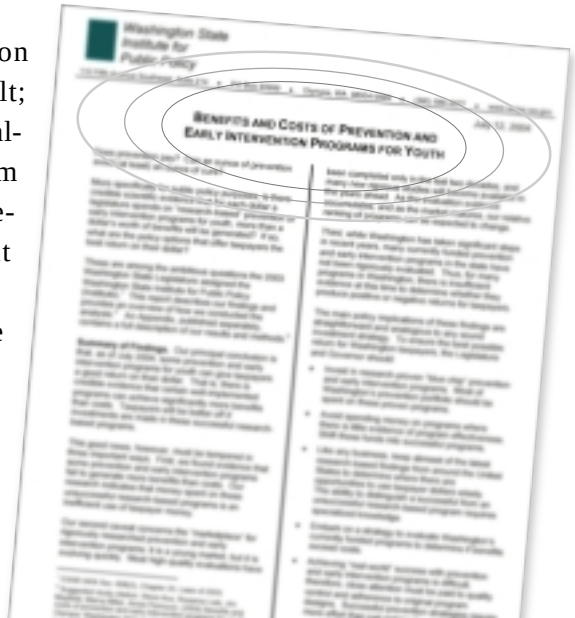
Our second caveat concerns the "marketplace" for rigorously researched prevention and early intervention programs: it is a young market, but it is evolving quickly. Most high-quality evaluations have been completed only in the last two decades, and many new rigorous studies will become available in the years ahead. As the evaluation evidence accumulates, and as the market matures, our relative ranking of programs can be expected to change.

Third, while Washington has taken significant steps in recent years, many currently funded prevention and early intervention programs in the state have not been rigorously evaluated. Thus, for many programs in Washington, there is insufficient evidence at this time to determine whether they produce positive or negative returns for taxpayers.

The main policy implications of these findings are straightforward and analogous to any sound investment strategy. To ensure the best possible return for Washington taxpayers, the Legislature and Governor should:

- Invest in research-proven "blue chip" prevention and early intervention programs. Most of Washington's prevention portfolio should be spent on these proven programs.
- Avoid spending money on programs where there is little evidence of program effectiveness. Shift these funds into successful programs.
- Like any business, keep abreast of the latest research-based findings from around the United States to determine where there are opportunities to use taxpayer dollars wisely. The ability to distinguish a successful from an unsuccessful research-based program requires specialized knowledge.
- Embark on a strategy to evaluate Washington's currently funded programs to determine if benefits exceed costs.
- Achieving "real-world" success with prevention and early intervention programs is difficult; therefore, close attention must be paid to quality control and adherence to original program designs. Successful prevention strategies require more effort than just picking the right program.
- Consider developing a strategy to encourage local government investment in research-proven programs.

The complete report is available online at www.wsipp.wa.gov. Steve Aos may be reached at (360) 586-2677 or saos@wsipp.wa.gov.



Letters to the Editor

Please send questions, comments or suggestions for articles to:

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(360) 438-8799
email: schneda@dshs.wa.gov

Prevention and Treatment Resources

DASA website: www1.dshs.wa.gov/dasa

Chemical Dependency Professionals:
http://www.cdpcertification.org/default.asp

Alcohol/Drug 24-Hour Helpline:
1-800-562-1240
www.adhl.org

Alcohol/Drug Prevention Clearinghouse:
1-800-662-9111
http://clearinghouse.adhl.org

Media Literacy:
www.teenhealthandthemedia.net

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FOCUS is published quarterly for those in the chemical dependency field by the Division of Alcohol and Substance Abuse, within the Washington State Department of Social & Health Services.

Office of Program Services Reorganization

By Fred Garcia, Chief, Office of Program Services

Effective immediately, the Division of Alcohol and Substance Abuse (DASA) has changed the organizational structure of the Prevention, Treatment, and Field Services sections. This new structure will facilitate better customer service, more consistent contract monitoring practices, and enable DASA to more effectively meet its mission of providing effective prevention, intervention, treatment, and aftercare (PITA) services to the citizens of Washington State.

Our goal is to create a stronger regional presence. Each regional office will include a Regional Administrator (RA) who will manage and supervise a Regional Treatment Manager (RTM) and a Regional Prevention Manager (RPM). The regional offices are charged with contract management and monitoring. Regional staff members will be the main point of contact between the county, tribal, and residential providers for contract issues.

The Treatment and Prevention Leads will work together in one section supervised by Michael Langer. The Leads (Prevention, Adult Treatment, Adolescent Treatment, Women's Services) will develop program-related policy recommendations and develop budget recommendations, including bed utilization, implementing and managing a statewide collaborative effort as their key activities. The emphasis is on a continuum of alcohol and drug PITA services. Emilio Vela Jr., will move to DASA's Office of Policy, Planning, and Legislative Relations. He will focus on policy issues regarding treatment and prevention.

This change will build closer communications between outpatient and residential services, since all the contracts will be managed by the same regional office. If you have any questions about reorganization, I encourage you to seek out information from your RA and he/she will assist you in answering any questions.

DASA's Youth Treatment Specialist, Stephen Bogan, recently participated in a panel discussion on the PBS television program KCTS Connects. Other panel members included local author and parent, Chris Volkmann, who has written a book about her son's journey from alcoholism to recovery, a Mercer Island High School student, and a police officer. More information about this broadcast can be found at www.kcts.org/productions/kctsconnects.

Breaking the Binge Cycle

By Chris Volkmann

Studies show that binge drinking is the most wide-spread health problem on college campuses in the United States. How can parents tell if they have just enrolled their child in a crash course for binge drinking and alcohol abuse?

Problem drinking is no longer a hidden phenomenon. The consequences lash out not only at the drinker, but at the drinker's family and all those nearby. We know this is true because our family dived into the binging culture when our son, Toren Volkmann, confessed his alcoholism one year after graduating from college.

I had overlooked my son's symptoms thinking that since he graduated from college with only a few slip-ups, he was not only OK, but successful. I represent the relieved, smiling parents attending graduation with no clue their kids are part of the not-so-hidden epidemic. Together, Toren and I have written *Our Drink: Detoxing the Perfect Family*, a book which explores ways to engage families in honest talk about the consequences of chronic, heavy drinking and alcohol choices paired with our educational site www.ourdrink.com.

It is known that a college-aged binger is 21 times more likely to have missed classes, damaged property, been hurt or injured, engaged in unplanned sexual activity, gotten in trouble with campus police, and driven a car after drinking (Harvard CAS 2002). These identified behaviors spill over from dorm rooms to campus parking lots to classrooms – to parents at home.

Luckily for Toren and our family, he enrolled in an inpatient treatment program and a subsequent six-month halfway program. Toren's two older brothers and we as parents participated in a family education program at his rehab facility. "We learned that alcoholism takes down not only the addict, but the family as well," one brother confessed. "We all stepped up as a family to break the binge cycle."

Got FOCUS?

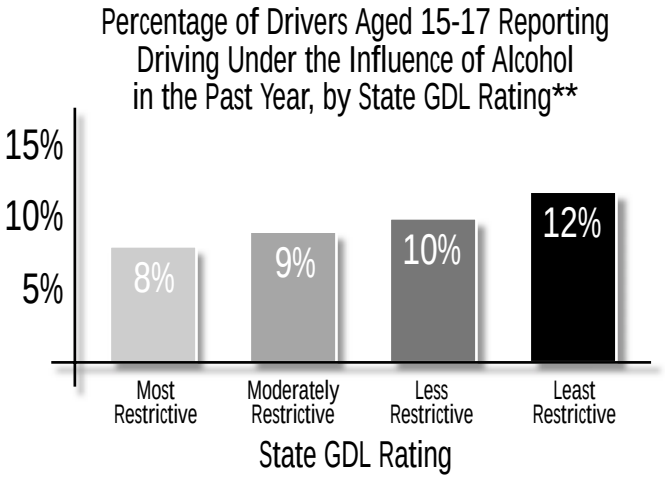
To continue bringing you useful information in FOCUS, let us know what matters most to you, and the drug prevention and recovery news and successes happening in your community. Send your comments and information to Deb Schnellman at schneda@dshs.wa.gov.

Graduated Driver Licensing Laws

States that are more restrictive are less likely to have teens driving under the influence of alcohol

The percentage of drivers aged 15 to 17 who drove under the influence of alcohol increased as the restrictiveness of state graduated driver licensing (GDL) laws decreased, according to data from the National Survey on Drug Use and Health (NSDUH). While all 50 states have some form of GDL laws, such as requiring that new drives be accompanied by an adult, placing limits on driving hours, and restricting the number of passengers, the laws vary in the extent that they restrict driving behavior. States with the most restrictive GDL laws had the lowest percentage of teens reporting driving under the influence of alcohol in the past year (8%), while states with the least restrictive GDL laws had the highest percentage of teens reporting driving under the influence (12%). Additionally, young drivers in states with the most restrictive GDL laws had lower rates of heavy alcohol use* than did young drivers in states with the least restrictive driving laws (data not shown).

SOURCE: Center for Substance Abuse Research, www.cesar.umd.edu.



*Heavy alcohol use is defined as drinking 5 or more drinks on the same occasion for 5 or more days during the past 30 days.

**The GDL rating scale was adapted from a rating scheme developed by the Insurance Institute for Highway Safety and the Traffic Injury Research Foundation.

SOURCE: Adapted by CESAR from Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, "Graduated Driver Licensing and Drinking among Young Drivers," *The NSDUH Report*, April 30, 2004.

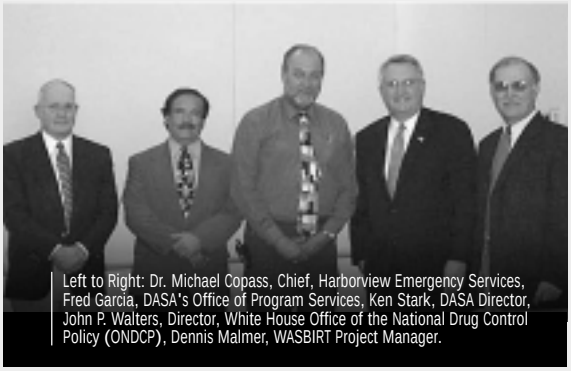
Available online at http://www.oas.samhsa.gov/2k4/licenses/licenses.cfm

Washington State Screening, Brief Intervention, Referral and Treatment (WASBIRT)

By Dennis W. Malmer, Project Director

John P. Walters, Director of the Whitehouse Office of National Drug Control Policy, held a meeting at Harborview Medical Center on Monday, July 19, 2004. Director Walters met with representatives of the Division of Alcohol and Substance Abuse (DASA) and Harborview Medical Center's professional staff members implementing WASBIRT at the hospital. The meeting was Director Walters' first site visit of a state selected by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, to implement screening and brief intervention in hospital emergency departments and trauma units.

Director Walters said, "Screening and brief interventions are one of the most promising areas of early intervention and prevention and have historically been underfunded. We are interested in looking at expanding intervention as we consider the 2005 budget." When asked by Director Walters, DASA Director Ken Stark stated, "Based upon positive outcomes and reductions in health care costs, screening and brief intervention have great potential for expansion to other health care settings and also in the area of Children's Protective Services."



Left to Right: Dr. Michael Copass, Chief, Harborview Emergency Services, Fred Garcia, DASA's Office of Program Services, Ken Stark, DASA Director, John P. Walters, Director, White House Office of the National Drug Control Policy (ONDCP), Dennis Malmer, WASBIRT Project Manager.

Dr. Chris Dunn, Ed Dwyer-O'Connor, Aaron Moy, Director Walters, Ron Blunk, and Andrea Ray.

In other news, WASBIRT services are now being provided at Harborview Medical Center in Seattle, Providence Everett Medical Center in Everett, Tacoma General Hospital in Tacoma, and Southwest Washington Medical Center in Vancouver. DASA continues to work with interested hospitals in Eastern Washington and expect to begin services in Eastern Washington in September.

Expectations are high for the success of WASBIRT. If you have any questions about WASBIRT, please contact Dennis Malmer toll free at 1-877-301-4557, (360) 438-8086, or by e-mail at malmedw@dshs.wa.gov.

Prevention Information from CSAP's Western Center for the Application of Prevention Technologies

Tip of the CAPT

Julie Hogan, Ph.D., Director

Using Internet Resources in Prevention

By Ken Smith, M.P.H., C.P.S., Coordinator • Edited by Denise Grothous, C.P.S., Coordinator

The following tips will cover a few of the many specialized resources on the internet.

More Electronic Internet Resources

One website for finding useful internet resources is the Minnesota Institute of Public Health's electronic Netbook, http://netbook.miph.org/. The Netbook has links for "Must See Sites" and a "Links Directory" where you can click on categories or search for a specific site in this collection of over 700 annotated substance abuse web sites.

SAMHSA's Public Information Center

http://www.samhsa.gov/centers/clearinghouse/clearinghouses.html, has a wide variety of publications and other media products for providers of substance abuse and mental health prevention and treatment services. Interested persons can receive these products by mail from Substance Abuse and Mental Health Services Administration's Clearinghouses (SAMHSA). SAMHSA also has a site with many "Alcohol and Drug Information Research Briefs," http://ncadi.samhsa.gov/research/res-brf/.

Alcohol-Related Resources

Alcohol Epidemiology Program, http://www.epi.umn.edu/alcohol/, conducts advanced research to discover effective community and policy interventions to reduce alcohol-related social and health problems.

College Drinking: Changing the Culture

http://www.collegedrinkingprevention.gov/, provides publications and studies and statistics on alcohol, along with related topics, such as patterns and consequences of alcohol consumption and dependence. This site has the Alcohol and Alcohol Problems Science Database (ETOH), the most comprehensive online bibliographic database containing over 100,000 records on alcohol abuse and alcoholism.

Grants and Funding

Grant Proposal.com, http://www.grantproposal.com, provides free resources for both advanced grant-writing consultants and inexperienced non-profit staff.

Grants.gov, www.grants.gov, allows organizations to electronically find and apply for competitive grant opportunities from all federal grant-making agencies.

Community Guides

"Community Tool Box," http://ctb.ku.edu/, supports work in promoting community health and development. The Tool Box provides over 6,000 pages of practical skill-building information on over 250 different topics. Topic sections include step-by-step instruction, examples, check-lists, and related resources.

Community How-To Guides

http://www.nhtsa.dot.gov/people/injury/alcohol/Community%20Guides%20HTML/Guides_index.html, has information on coalition building, needs assessment, strategic planning, public policy, evaluation and more resources.

Toolkit for Cross-Cultural Collaboration

http://www.awesomelibrary.org/multiculturaltoolkit.html, discusses barriers to cross-cultural collaboration and provides methods for assessing and improving communication patterns and cultural competence on an organizational basis and on an individual basis.

The five regional CAPTs are funded by the Center for Substance Abuse Prevention in the Substance Abuse and Mental Health Services Administration. For more information on this Tip of the CAPT or other Western CAPT services, please visit our web site: www.westcapt.org. Our toll-free office number is: (888) 734-7476.

"Wrong" Words Used to Define, Defame Addiction and Recovery

By Bob Curley

A recent story about California State University adopting a comprehensive alcohol policy was both unusual and encouraging, but not because of anything educators in the Golden State were up to. "Eight months after a Palo Alto freshman died from overdosing on blackberry brandy at a Chico fraternity, California State Trustees today will consider a blueprint for helping campuses better protect students from alcohol abuse," the July 10 article from the San Jose Mercury News began.

It's exceedingly rare for a newspaper to describe an alcohol-related death as an "overdose," although clearly that's what is going on in cases such as the tragedy in Chico. Of course, we read about overdoses in the papers all the time, but invariably the writer is referring to heroin, or cocaine, not alcohol.

When someone dies from drinking too much, the typical verbiage used by reporters is "alcohol poisoning," which admittedly has some nice connotations about the toxicity of booze. But this divergence points to a larger problem in the use of language to describe things related to addiction – another word that is neglected by journalists, and even many in the addiction field itself.

Why is it so important for the fatal result of a drinking binge to be called an "overdose"? First, because it's the most accurate way of describing the cause of death. But more importantly, it helps to beat down the artificial distinctions that the alcohol industry (along with many policymakers, and even some people in recovery themselves) would like to maintain between alcohol and other drugs.

It's Easy to Abuse an "Abuser"

Reforming the language we use to describe things related to addiction is not merely an excercise in semantics or political correctness. Words can be an effective tool in helping to destroy the stigma encountered by people with addictions.

Note that last phrase: "people with addictions." It's not one that you'll find in many newspaper articles, or even in literature from otherwise well-meaning government agencies or addiction-treatment programs. More likely, you'll find people with addictions described as "substance abusers," "drug abusers," or the even more pejorative "addicts."

In a field that is locked in mortal combat with stigma, describing people with addictions as "abusers" of alcohol, tobacco or other drugs helps ensure that the onus of addiction remains solely upon the shoulders of the individual, discounting the role that environmental factors, genetics, and drugs themselves play in addiction.

Of the words used to describe addiction and recovery, the "abuse" terms are among the most ill-chosen and pernicious, says William White, author of a respected history of the addiction field and a research consultant at the Lighthouse Institute/ Chestnut Health Systems.

"Terms such as alcohol abuse, drug abuse, and substance abuse all spring from religious and moral conceptions of the roots of severe alcohol and other drug problems," writes White in The Language of Recovery Advocacy: An Essay on the Power of Language. "They define the locus of the problem in the willful choices of the individual, denying how that power can be compromised, denying the power of the drug, and denying the culpability of those whose financial interests are served by promoting and increasing the frequency and quantity of drug consumption."

"To refer to people who are addicted as alcohol, drug, or substance abusers misstates the nature of their condition and calls for their social rejection, sequesterization, and punishment," adds White. "There is no other medical condition where the term abuse is applied."

Of course, many people in the field and in recovery use terms like "addicts" or "drunks" in casual conversation to describe themselves and their peers. But these terms are just as damaging in public discourse as a word like "nigger" – another term used casually within a peer group, but that has properly been deemed unacceptable in any other context. As White notes, the recovery movement "may need to use one language when it turns inward and another language when it turns outward to communicate with the larger society."

Define Yourself, or Others Will Do it for You

Just as the mental-health field has successfully waged a campaign to rid the public airwaves, publications, and water-cooler chats of stigmatizing terms like "psychos" and "lunatics," the addiction field needs to press reporters, governments, and the public at large to stop the offhand stigmatization of people with addictions.

"Words, and the meanings with which they are imbued, can achieve accuracy and relevance, or they can transmit dangerous stereotypes and half-truths," points out White. "For more than two centuries, addicted and recovering people in America have been the object of language created by others. People experiencing severe and persistent alcohol and other drug problems have inherited a language not of their own making that has been ill-suited to accurately portray their experience to others, or to serve as a catalyst for personal change."

As Jeff Blodgett, coordinator of the pro-recovery Alliance Project, points out, changing the language of addiction is not just about erasing stigma; it's also a lever for empowering constituencies. For example, physically and mentally challenged individuals and their families received a huge psychological boost when they started thinking of themselves as "disabled," not "handicapped" or "crippled."

"What you call people often begins to define them, and limits their ability to grow,"

agrees Stacia Murphy, president of the National Council on Alcoholism and Drug Dependence. "In this field, where you're already starting from a low point in terms of stigma, words become more powerful in how a person feels about himself or herself."

What are the "Right" Words? Let's Talk

While diehard AA people steadfastly maintain that recovery lasts a lifetime, White says there may be a point at which an individual should be considered "recovered" from their addiction – perhaps five years after their last relapse. He writes,

"While 'recovering' conveys the dynamic, developmental process of addiction recovery, 'recovered' provides a means of designating those who have achieved stable sobriety and better conveys the real hope for a permanent resolution of addiction" – the latter a policy message that the entire addiction field agrees must be emphasized.

Valid opinions exist on all sides of these discussions. But they should be part of a larger debate over what people with addictions call themselves, and how they want to be perceived by the rest of the world. The important thing is to get the field talking, so we can start using the power of language to suport the goals of fighting stigma, encouraging recovery, and empowering those who struggle with alcohol and other drug addiction.

Bob Curley is a journalist who has covered addiction issues for JTO and other publications since 1991. He spends a lot of time each day editing terms like "addicts" and "substance abusers" out of the news summaries posted on Join Together Online and the JTO Direct news service.

Would You Believe...25 Years of Operation

Alcohol/Drug Help Line Celebrates 25th Anniversary

We are hosting an open house to honor all the volunteers, board members, colleagues, and mentors (former and current) that have made this a successful journey. We would like to make this a special time to catch up with over 800 volunteers that have kept the 24 hour service operating for 219,000 hours and still ticking. On October 3 from 1 p.m. to 4 p.m. we will be celebrating at 6535 5th Place South in Seattle.

If you have information of former volunteers or friends of the Alcohol/Drug 24 Hour Help Line, please e-mail us: anniversary25@adhl.org. Our phone number is (206) 722-3703 or 1-800-562-1240.

The Board of Directors and Help Line staff are looking forward to visiting with you in October.

Recovery Month Will Highlight Success of Drug Treatment

Report Shows High Treatment Need in Washington State

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a new kit and other materials to be used as part of the 15th annual Recovery Month celebrations in September, as well as a new state report showing that overall 2.7 percent of persons 12 and older nationwide needed, but did not receive, treatment for an illicit drug problem; and 7.3 percent needed, but did not receive, treatment for an alcohol problem.

The 10 states with the highest rates of needing but not receiving treatment for a drug problem were New Mexico, Arizona, Washington, Alaska, Oregon, Nevada, Montana Vermont, Rhode Island and the District of Columbia. In Washington State, only one out of every four adults who qualify for publicly funded treatment receives it.

Recovery Month spotlights the need for alcohol and drug misuse treatment and recovery, and honors both those in recovery and treatment providers.

The report, "State Estimates of Persons Needing But Not Receiving Substance Abuse Treatment", found that 6.3 million persons needed but did not receive treatment for an illicit drug problem and 17 million persons needed but did not receive treatment for an alcohol problem. The 10 states with the highest rates of needing but not receiving treatment for a drug problem were New Mexico, Arizona, Washington, Alaska, Oregon, Nevada, Montana Vermont, Rhode Island and the District of Columbia. In Washington State, only one out of every four adults who qualify for publicly funded treatment receives it.

"We are working in partnership with all of the States to build substance abuse treatment capacity through increased funding in federal block and discretionary grants, including the new Access to Recovery Program announced by President Bush in March 2004," SAMHSA Administrator Charles Curie said. "The fear and stigma surrounding substance abuse treatment is a major reason why people do not seek help. Fortunately, everyone can do something to help reduce stigma. Recovery Month provides an opportunity to reduce stigma through education and celebrate the successes of people in recovery."

The Report on treatment need is based on data from SAMHSA's National Survey on Drug Use and Health, which asked questions to determine if people needed treatment for drug or alcohol abuse. The report deals with persons who needed and received treatment at drug or alcohol rehabilitation facilities, inpatient or outpatient; hospital inpatient units; or mental health centers. It does not include treatment at an emergency room, private doctor's office, self-help group, prison or jail, or by a hospital as an outpatient.

The report on state estimates of persons needing but not receiving substance abuse treatment is available at www.oas.samhsa.gov. Recovery Month materials are available on the web at www.recoverymonth.gov. This site contains a virtual kit; a series of one-hour webcasts on important topics related to alcohol and drug addiction and people in recovery from this disease; a section where communities can lists events and activities related to recovery issues and Recovery Month; and a number of other areas of interest.

SAMHSA, a public health agency within the U.S. Department of Health and Human Services, is the lead federal agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services in the United States.

Building FASD State Systems
Second Annual Meeting

By Sue Green, DASA Women's Services Lead

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE), also known as Fetal Alcohol Spectrum Disorders (FASD) (Streissguth and O'Malley), Partial Fetal Alcohol Syndrome, and Alcohol Related Neurodevelopmental Disorder, are the leading known causes of mental retardation and are 100 percent preventable. Each year, approximately 12,000 infants are born in the United States with FASD, suffering irreversible lifelong physical and mental damage. FASD are national problems that can impact any child, family, or community.

In May, a contingent from Washington State attended the Second Annual Meeting of Building FASD State Systems in Florida. Those who attended included: Sue Green, Division of Alcohol and Substance Abuse; Vicki McKinney and Jocie Devries, Fetal Alcohol Syndrome Family Resource Institute; and meeting presenters, Susan Astley and Julie Gelo, Fetal Alcohol Syndrome Diagnostic and Prevention Network; Therese Grant, Fetal Alcohol and Drug Unit; and Marcy Ten Eyck, Fetal Alcohol Syndrome Information Services.

From left to right: Susan Astley, Marcy TenEyck, Sue Green, Therese Grant, Julie Gelo.

This meeting was an effort to increase state involvement in preventing and treating FASD. It brought together state employees and others involved in developing FASD policies who want to move their states forward. State-specific working groups were convened as part of this meeting in an effort to develop a five-year goal for each state in building a system to address FASD. Washington State is especially fortunate to have the depth of knowledge and experience in clinical, policy, and family issues surrounding FASD.

The Washington State group identified the following five-year goal: "To increase communication through a Washington State FASD website in order to develop a system of care through integration, coordination, and education." Washington State was then placed in a regional planning group with New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, and Maine. State representatives shared goals, identified common barriers and tasks, and problem-solved. Washington State was identified as a leader in the regional group due to our accomplishments in addressing FASD.

On day two, the Washington State group identified three action steps for the next year that would move us forward in accomplishing our five-year goal. The group decided to coordinate efforts through the Fetal Alcohol Syndrome Interagency Workgroup (FASIAWG) to: 1) apply for a grant to develop a website using an agency such as the Fetal Alcohol Syndrome Information Services to write the grant; 2) research other state FASD websites for content and design ideas; 3) develop a website specific to Washington State.

During the two-day meeting, there were many excellent presentations that energized the group to continue their work in preventing FASD. The Washington State contingent is especially excited to begin work on a "one stop" website that will encompass information and education resources for Washington residents.

Sue Green may be contacted at (360) 438-8087, or greensr@dshs.wa.gov.

Center on Alcohol Marketing and Youth Expands Website

In an effort to provide support and tools for those who want to reduce young people's exposure to alcohol marketing, the "Take Action" section of the Center on Alcohol Marketing and Youth's (CAMY) website (http://camy.org/action/) has been updated and expanded to include:

> Success stories: Communities and organizations are passing ordinances, adopting resolutions, and filing complaints to show that they support the need to reduce underage youth exposure to alcohol advertising. We show what's being done so that others can take local action too.

> Legal resources: Memos and model ordinances drafted by CAMY are now available to promote policy debate.

> File a complaint: Because the burden of monitoring the industry's advertising has been placed on parents, teachers, and communities, CAMY has prepared a guide to the process of filing a complaint with the industry when alcohol companies appear to violate their voluntary codes.

Check out these and other additions to the Web site, and share this with your colleagues and supporters.

Visiting the ER

Important Findings from Two Recent Studies

By Felix Rodriguez, P.h.D., DASA Research and Evaluation Section

A study recently completed by the Research and Data Analysis Division (RDA) of the Washington State Department of Social and Health Services (DSHS) reveals a number of problems affecting the aged, blind, and disabled clients who made the most frequent number of emergency room (ER) visits in Washington State in fiscal year 2002.

The study found that this group of most frequent ER visitors also had the highest rate of co-occurring diagnoses of both alcohol and other drug (AOD) disorder and mental illness, which were identified in their medical claims. The rate of co-occurring disorders found in this group was 56 percent while 10 percent had an AOD disorder only, 23 percent mental illness only, and 11 percent having no indication of either disorder. This group also received the highest average number of prescriptions for narcotic analgesics at 42 prescriptions per recipient. Ninety-nine percent in the group received prescriptions for narcotic analgesics. The most common were prescriptions for hydrocodone, oxycodone, and propoxyphene. The percentage of having at least one arrest in 2002 was also the highest in this group, 21 percent.

Despite the relatively high rates of AOD disorder and mental illness in this group, the study found that two out of three clients with mental illness received mental health services from the DSHS Mental Health Division in 2002. For those with an AOD disorder, less than one in six clients received treatment services from the DSHS, Division of Alcohol and Substance Abuse (DASA). More details of this study can be found in a DSHS, RDA fact sheet entitled *Frequent Emergency Room Visits Signal Substance Abuse and Mental Illness: Washington State's Aged, Blind and Disabled Clients*, written by Dr. David Mancuso, Dr. Daniel J. Nordlund, and Barbara Felver.

In another ER-related study, the same authors examined how the provision of chemical dependency (CD) treatment to Supplemental Security Income (SSI) clients who needed it can potentially reduce ER costs and ER visits. The study found that when CD treatment was provided to SSI clients who needed it, monthly ER costs were reduced by $195 or 42 percent per client per month. The reduction more than offset the average cost of providing CD treatment estimated at $162 per client per month.

For details of the second study, see the DSHS, RDA fact sheet entitled *Chemical Dependency Treatment Reduces Emergency Room Costs and Visits: Washington State Supplemental Security Income Recipients*. Both fact sheets may be obtained from the Washington State Alcohol/Drug Clearinghouse by calling 1-800-662-9111 or (206) 725-9696 (within Seattle or outside Washington State), by e-mailing clearinghouse@adhl.org, or writing to 6535 5th Place South, Seattle, Washington 98108-0243. Visit these websites for downloadable copies: http://www1.dshs.wa.gov/RDA/ and http://www1.dshs.wa.gov.dasa.

The NorthWest Deaf Addiction Center Project Receives Governor's Award for Public Value and Benefit

Two Department of Social and Health Services (DSHS) teams were selected by Governor Gary Locke to receive a prestigious 2004 Governor's Awards for Quality and Performance.

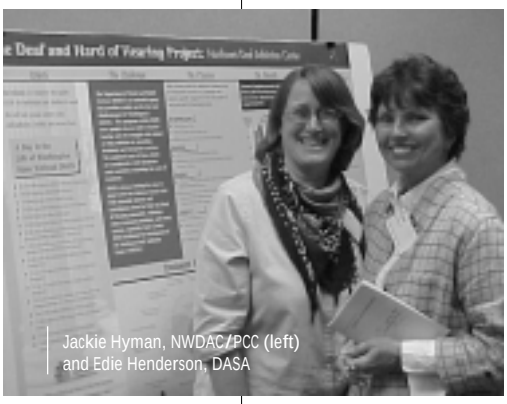
"The improvements we've made in state government are a direct reflection of our outstanding state workforce," Governor Locke said. "I believe Washington has the top state employee team in the country. These award winners are truly the best of the best."

The Governor's Awards for Quality and Performance are presented every six months. Governor Locke recognizes agencies that have achieved significant, measurable, and sustainable improvements in the services that they deliver to their customers, and the value they provide to the public.

"The projects we're recognizing have one other critical characteristic in common – they are all examples of caring about and helping people," Governor Locke told the recipients. "We are at our best when we remember our fundamental purpose - to serve the public and help people. I am proud of today's award winners, and proud of all our state employees."

Award given for serving deaf and hard-of-hearing citizens who struggle with alcohol or drug abuse

The DSHS NorthWest Deaf Addiction Center Project, a partnership of the Division of Alcohol and Substance Abuse, (DASA) and the Office of Deaf and Hard of Hearing received the Governor's Award for Public Value and Benefit.


Jackie Hyman, NWDAC/PCC (left) and Edie Henderson, DASA

Within DSHS, DASA and the Office of Deaf and Hard of Hearing serve deaf and hard-of-hearing citizens who struggle with alcohol or drug abuse. Through these two parts of DSHS, the state provides addiction treatment to low-income, deaf and hard-of-hearing citizens in an appropriate communication format, usually American Sign Language. The combined costs of these clients are considerable. DSHS is always looking for ways to better serve these clients at lower costs.

Project reduced costs for deaf and hard-of-hearing clients by over $70,000 per month

To better meet the needs of these clients, DSHS worked with Clark County and local providers, as well as other community interests to develop a new program in Clark County. That program is the NorthWest Deaf Addiction Center, a branch of the Pacific Crest Consortium. By establishing a treatment program that included staff that could communicate with sign language, this project reduced costs for deaf and hard-of-hearing clients by over $70,000 per month for an annual savings of $880,000.

This project worked to help deaf and hard-of-hearing clients obtain alcohol or drug abuse treatment more efficiently and effectively by eliminating barriers to treatment. Deaf and hard-of-hearing clients receiving substance abuse treatment through the new system had much better outcomes than deaf clients historically. The outcomes included lower costs, excellent client satisfaction reports, and improved treatment completion rates. To learn more about the NorthWest Deaf Addiction Center, go to http://www.nwdac.org/.

With the success of this project, DASA is considering a similar program for deaf and hard-of-hearing youth.


Back row: Joey Mc.(Pt), Doug Allen (DASA), Ronald P. (pt), Toni O. (Pt), Angie K. (pt) Brent Neatherlin (staff DAC), Dawn Payton (staff DAC), Steven P.(pt), Mary Jacobs(Counselor at DAC), Minh T. and baby Serenity(pt), Eric Raff(ODHHS), TJ Campbell-Carson(staff at NWDAC)

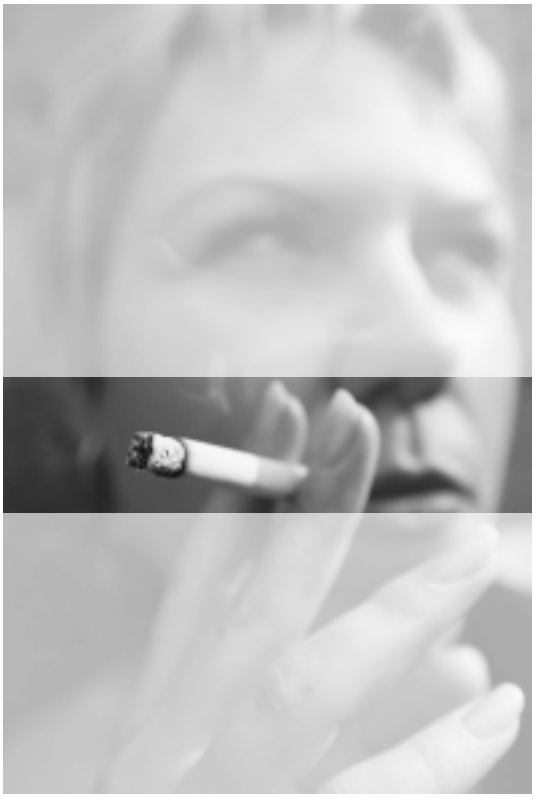
First Row: Leon Curtis (ODHHS), Bob Lichtenberg (ODHHS), Jackie Hyman, NWDAC/PCC, Governor Locke, Lynn Samuels, Executive Director, Pacific Crest Consortium (PCC), Fred Garcia, DASA, Ruth Leonard, DASA, Edie Henderson, DASA

Pt = patient's Last Name not included. Releases of Information have been secured.

Nicotine Addiction Treatment

By Ella Hanks, DASA Region 2 Administrator

Historically, nicotine use has been accepted within the substance abuse treatment community. Its acceptance has been based on the common belief that individuals in substance abuse treatment should achieve sobriety from other drugs before attempting to quit their nicotine use. In fact, new research indicates that substance abusers that are addicted to depressants like alcohol and opiates may actually be at increased risk of relapse if they continue to smoke after completing treatment.



Recently, scientists discovered that nicotine raises the levels of a neurotransmitter called dopamine in the parts of the brain that produce feelings of pleasure and reward. Dopamine is the same neurotransmitter that is involved in addictions to cocaine and heroin. Researchers now suspect that this change in dopamine levels plays a key role in all addictions. This may help explain why it is so hard for people to stop using drugs, such as cocaine, heroin, and alcohol, while continuing to smoke.

In two studies supported by the National Institute on Drug Abuse, researchers found that craving for nicotine appears to be linked to increased craving for illicit drugs among drug abusers who also smoke tobacco. The more cigarettes smoked, the more likely the person was to use illegal drugs. Other studies have indicated that alcoholics and drug addicts who also stop using nicotine products are up to eight (8) times more likely to remain clean and sober.

Facts:

- More than 80% of alcoholics and drug addicts smoke cigarettes, compared with 23% of the non-addicted population.
- An alcoholic or a drug user (active or in remission) is seven (7) times more likely to die from smoking than from drugs or alcohol.
- As many as 60% of the professional and support staff working in substance abuse treatment services are smokers.

In 2002, the Washington Department of Public Health (DOH) and the Division of Alcohol and Substance Abuse (DASA) launched a new initiative that began to address nicotine dependence within the substance abuse treatment delivery system. As part of this new initiative, the New Life Nicotine Dependency Program was developed to promote increased awareness of the importance of addressing nicotine dependency during substance abuse treatment, and to provide the technical assistance treatment programs need in order to begin incorporating nicotine-free policies and interventions for nicotine dependence.

In June of 2003, DASA began offering Nicotine Addiction Treatment Trainings for administrators, counselors, and support staff of treatment programs. The trainings utilize the New Life Nicotine Dependency Program curriculum and teach chemical dependency professionals how to integrate nicotine dependency treatment into addiction treatment programs. The trainings are offered free of cost at various sites throughout Washington State.

Nicotine Policy Advisory Committee

The Nicotine Policy Advisory Committee (NICPAC) is a diverse, voluntary group of chemical dependency treatment providers and representatives from DOH and DASA. NICPAC began meeting in 2003 in response to DASA's initiative to address nicotine use in the statewide chemical dependency treatment system. NICPAC will assist DASA in setting policy guidelines for DASA-certified programs to better address and proactively respond to the impact of nicotine dependence of clients and staff by developing environments that support intervention and treatment for nicotine addiction.

NICPAC Mission Statement

Nicotine dependence is a complex addiction that requires ongoing intervention and support. DASA-certified programs and staff are experts in intervention and treatment of addictions and are well positioned to assist clients. It is clinically responsible for chemical dependency treatment providers to incorporate nicotine dependence into addictions treatment. The NICPAC mission is to recommend policies, procedures, and tools to meet that goal.

NICPAC meets monthly and welcomes new members. For more information about NICPAC contact: Stephen Bogan at DASA, bogansp@dshs.wa.gov, (360) 438-9209, or the DASA toll-free number 1-877-301-4557.

Upcoming Education and Awareness Events: September – November

SEPTEMBER '04

1-30 National Alcohol And Drug Addiction Recovery Month Contact: Alcohol / Drug Clearinghouse 1-800-662-9111. Website: www.recoverymonth.gov

1-2 Tribal Gathering, Ocean Shores. Contact: Sandra Mena, DASA, (360) 407-1112

13-14 COD Conference, Yakima Convention Center. Contact: DASA Training Section (877) 301-4557

18-19 Substance Abuse Prevention Specialist Training of Trainers, Skills Development Workshop. Wesern WA. Contact: DASA Training at 877-301-4557 or email grunedd@dshs.wa.gov

20-24 Substance Abuse Prevention Specialist Training, Eastern WA. Contact: Dixie Grunenfelder, 877-301-4557 or email grunedd@dshs.wa.gov

25-27 10th Annual Youth Treatment Conference. Cispus Learning Center, Randle. Contact: Sabrina de la Fuente, (206) 517-0228

OCTOBER '04

1-31 Crime Prevention Month. Contact: National Prevention Council (800) WE PREVENT. Website: www.ncpc.org

1-31 Domestic Violence Awareness Month. Contact: 24 Hour Alcohol / Drug Help Line (800) 562-1240. Website: www.ncadv.org

4-6 Joint Conference On Health, Wenatchee. www.wspha.org

19-25 National Collegiate Alcohol Awareness Week. Contact: BACCHUS (303) 871-0901. Website: www.bacchusgamma.ore / event.asp

20-23 Washington State Prevention Summit, Yakima. Contact: Division of Alcohol and Substance Abuse (877) 301-4557

23-31 National Red Ribbon Week. Contact: National Family Partnership (800) 705-8997). Website: www.redribbon.org

NOVEMBER '04

15-19 Substance Abuse Prevention Specialist Training, Western WA. Contact: Dixie Grunenfelder, 877-301-4557

18 Great American Smokeout. Contact: American Cancer Society (800) ACS-2345. Website: www.cancer.org and www.quitnet.org

Nov. 25 through Dec. 31 Tie One On For Safety Campaign. Thanksgiving Day through New Year's Eve. Contact: www.madd.org

Want to share FOCUS with others? Let them know it's on DASA's website at www1.dshs.wa.gov / dasa (click on "What's New")

For more information or to register for trainings, contact DASA's Training Section at 1-877-301-4557

A calendar of 2004 events and prevention and treatment success stories is available on DASA's webpage: www1.dshs.wa.gov / dasa. Printed copies are available from the Washington State Alcohol / Drug Clearinghouse: 1-800-662-9111

Washington State Department of Social & Health Services

Division of Alcohol & Substance Abuse
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